		PART B	- FEE(S)	TRAN	SMITTAL			
SEP 0 8	Co P.( Ale or <u>Fax</u> (57		Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885					
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7590 06/16/2006 FRANK A. GRECO 250 GROVE STREET LEXINGTON, MA 02420-1014					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
7 / 1 <del>1 / 20</del>			FRANK A. GRECO (Deposit		(Depositor's name)			
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L EG:2501- 2 <del>FG:1504</del>	_300.00 DP				9/5/0	6	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/700,819 11/04/2003			Frank Anth	ony Gre	co	<del></del>	6242	
TITLE OF INVENTION: S 9/11/2006 WABDELR3 00	PECTRAL ANALYSIS OF	LIGHT SCATTER	ED FROM C	LOTTIN	IG BLOOD			
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APPLN, TYPE	SMALL ENTITY	\$700			\$300	\$1000	09/18/2006	
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EXAMINER		ART UNIT		CLASS-SUBCLASS				
VALENTIN, JUAN D		2877			356-039000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	Γ (print c	r type)		· · · · · · · · · · · · · · · · · · ·	
PLEASE NOTE: Unless	an assignee is identified be	elow, no assignee	data will app	ear on t	he patent. If an assign	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGN		of this form is 140	(B) RESIDE	NCE: (C	CITY and STATE OR (	COUNTRY)		
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Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	oatent):	☐ Individual ☐ C	orporation or other private gr	oup entity Government	
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☑ Issue Fee ☑ A check in					the amount of the fee(s) is enclosed.			
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	(from status indicated above MALL ENTITY status. See		☐ b. Applic	cant is no	longer claiming SMA	LL ENTITY status. See 37 (	CFR 1.27(g)(2).	
a. Applicalit claille o	LILL DITTE I SURGO, DOC						·-· · ·	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Authorized Signature

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